

Bid Form for the Procurement of Goods
[shall be submitted with the Bid]

BID FORM

Date: _____
 Project Identification No.: _____

To: Dr. FREDDIE T. BERNAL
 Officer-in-Charge
 Catanduanes State University
 Virac, Catanduanes

Having examined the Philippine Bidding Documents (PBDs) including the Supplemental or Bid Bulletin Numbers _____, the receipt of which is hereby duly acknowledged, we, the undersigned, offer to supply **Chemicals & Laboratory Supplies** in conformity with the said PBDs for the sum of

_____ (Php _____) or the total calculated bid price, as evaluated and corrected for computational errors, and other bid modifications in accordance with the Price Schedules attached herewith and made part of this Bid. The total bid price includes the cost of all taxes, such as, but not limited to: [*specify the applicable taxes, e.g. (i) value added tax (VAT), (ii) income tax, (iii) local taxes, and (IV) other fiscal levies and duties*], which are itemized herein or in the Price Schedules,

If our Bid is accepted, we undertake:

- a. To deliver the goods in accordance with the delivery schedule specified in the Schedule of Requirements of the Philippine Bidding Documents (PBDs);
- b. To provide a performance security in the form, amounts, and within the times prescribed in the PBDs;
- c. To abide by the Bid Validity Period specified in the PBDs and it shall remain binding upon us at any time before the expiration of that period.

[Insert this paragraph if Foreign-Assisted Project with the Development Partner Commissions or gratuities, if any, paid or to be paid by us to agents relating to this Bid, and to contract execution if we are awarded the contract, are listed below:

Name and address of agent	Amount and Currency	Purpose of Commission or gratuity
_____	_____	_____
_____	_____	_____
_____	_____	_____

(if none, state "None")

Until a formal Contract is prepared and executed, this Bid, together with your written acceptance thereof and your Notice of Award, shall be binding upon us.

We understand that you are not bound to accept the Lowest Calculated Bid or any Bid you may receive.

We certify/confirm that we comply with the eligibility requirements pursuant to the PBDs.

We acknowledge that failure to sign each and every page of this Bid Form, including the attached Schedule of Prices, shall be a ground for the rejection of our bid.

Name: _____

Legal Capacity: _____

Signature: _____

Duly authorized to sign the Bid for and behalf of: _____

Date:



**Statement of all Ongoing Government & Private Contracts, including contracts awarded but not yet started,
if any, whether similar or not similar in nature and complexity to the contract to be bid**
PROCUREMENT OF CHEMICALS & LABORATORY SUPPLIES

Business Name: _____
Business Address: _____

Name of Contract/ Project Cost	a. Owner's Name b. Address c. Telephone Nos.	Nature of Work	Bidder's Role		a. Date Awarded b. Date Started c. Date of Completion	% of Accomplishment		Value of Outstanding Works / Undelivered Portion
			Description	%		Planned	Actual	

- Note: This statement shall be supported with:
1. Notice of Award and/or Contract
 2. Notice to Proceed issued by the owner
 3. Certificate of Accomplishments signed by the owner or authorized representative

Submitted by: _____
(Printed Name & Signature)

Designation: _____
Date: _____

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**Statement of Single Largest Completed Contract (SLCC) similar to the contract to be bid,
except under conditions provided for in Sections 23.4.1.3 and 23.4.2.4 of the 2016 revised IRR of RA 9184,
within the relevant period as provided in the Bidding Documents
PROCUREMENT OF CHEMICALS & LABORATORY SUPPLIES**

Business Name: _____

Business Address: _____

Name of Contract	1. Owner's Name 2. Address 3. Telephone Nos.	Nature of Work	Bidder's Role		a. Amount at Award b. Amount at Completion c. Duration	a. Date Awarded b. Contract Effectivity c. Date Completed
			Description	%		

Note: This statement shall be supported with:
 1. Contract/Purchase Order
 2. Certificate of Completion
 3. Certificate of Acceptance

Submitted by: _____
 (Printed Name & Signature)

Designation: _____
 Date: _____

GO